Panenuark Reduction Act of 1995.	no nerson	s are required to respond to a collection	PTO/SB/21 (04-04) Approved for use through 07/31/2006. OMB 0651-0031 t and Trademark Office; U.S. DEPARTMENT OF COMMERCE on of information unless it displays a valid OMB control number.								
2000 Urider the Paperwork Reduction Act of 1995.	112	Application Number	10/665,736								
TRANSMITTAL		Filing Date	9/17/2003								
FORM		First Named Inventor	FILLEY								
(to be used for all correspondence after initial filing)		Art Unit	2624								
		Examiner Name	JEFFREY SMITH								
Total Number of Pages in This Submission	27	Attorney Docket Number	NOITIUS								
ENCLOSURES (Check all that apply)											
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addre Terminal Disclaimer Request for Refund CD, Number of CD(s)	After Allowance communication to Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Request for Continuted Examine (ACE) 2. Return postcars								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT											
Firm NAUTEO		DRTH AMERIC	A, LLC								
Individual name FRANK	<u>, J.</u>	KOZAK_									
Signature /		d									
Date Tel 8,	2000	<u> </u>									
	ERTIF	ICATE OF TRANSMISSIO	N/MAILING								
I hereby certify that this correspondence is sufficient postage as first class mail in an e the date shown below.	being fac nvelope a	simile transmitted to the USPTO of addressed to: Commissioner for Pa	or deposited with the United States Postal Service with atents, P.O. Box 1450, Alexandria, VA 22313-1450 on								
Typed or printed name	4NK	J. KOZAK									
)		Date 7								

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature

PTO/SB/17 (10-07)

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Date -

Unger the Paper	ork Reduction A	ct of 1995 no	persons are required to	U.S. respond to a α	Patent and Tra- ollection of infor	demark Offic mation unles	e; U.S. DEPAF s it displays a v	RTMENT OF COMMERCE valid OMB control number		
Effective on 12/08/2004.						if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008			Applicatio	Application Number		10/665,736				
			Filing Dat	Filing Date		9/17/2003				
			First Nam	ed Inventor	۲	FILLEY				
Applicant claims amall antity status. See 27 CED 4 27			Examiner	Examiner Name			SMITH			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	Art Unit			2624			
TOTAL AMOUNT OF PAYMENT (\$)				Attorney [Attorney Docket No.			U.S		
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
F00772 &										
Deposit Account Deposit Account Number: 500 (20 Deposit Account Name: Deposit Account										
The state of the s										
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and au	tion on this for thorization on F	m may becom PTO-2038.	e public. Credit card in	nformation she	ould not be inc	luded on th	is form. Provi	de credit card		
FEE CALCULA	ATION									
1. BASIC FILIN	IG, SEARCH	, AND EXA	MINATION FEES							
	F	ILING FEE	S SEA	RCH FEES		MOITANIN				
Application 7	<u>ype</u> <u>F</u>		<u>e (\$)</u>	<u>Smail En</u> \$) <u>Fee (</u> \$)		<u>Small</u> (\$) Fee		Fees Paid (\$)		
Utility	3	310 13	55 510	255	210	10	5			
Design	2	210 10	100	50	130) 6	5			
Plant	2	210 10	310	155	160) 8	0			
Reissue	3	310 13	55 510	255	620	31	0			
Provisional	2	210 10)5 0	0	()	0	<u></u>		
2. EXCESS CL Fee Description						_		nall Entity		
	over 20 (inch	uding Reiss	ues)			<u> </u>	50	<u>Fee (\$)</u> 25		
Each independent claim over 3 (including Reissues)							210	105		
Multiple dependent claims							370	185		
Total Claims 70 Extra Claims Fee (\$) Fee Paid (\$) 74 - 20 or MP = 4 x 50 = 200						· · · · · · · · · · · · · · · · · · ·		ndent Claims		
HP = highest num				<u> </u>		<u> </u>	ee (\$)	Fee Paid (\$)		
<u>Indep. Claims</u>	5 Ext	tra Claims		e Paid (\$)			···			
	$\frac{4}{4} - 3 \text{ or } y \overline{y} = \underline{\qquad} x \underline{\qquad} = \underline{\qquad}$									
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
100 = / 50 = (round up to a whole number) x =										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)										
Other (e.g.,	late filing su	rcharge):								
SUBMITTED BY										
Signature	17	LK	2	Registration (Attorney/Age	No. 32,908		Telephone 3	12/894-7371		
	100	/ K	VVI	(Attorney/Age	nt) 5-,500					

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Name (Print/Type) Frank J. Kozak